

FAMILY CHILD CARE (FCC) PROVISIONAL CERTIFICATION RECORD

OPERATIONAL REQUIREMENTS*

For use of this form, see AR 608-10, the proponent agency is DCSPER

NAME	INSTALLATION	ADDRESS	
REGISTERED STATUS DATE	PROVISIONAL STATUS DATE	FINAL CERTIFICATION STATUS DATE	
	DATE		DATE
ORIENTATION BRIEFING		RIMP INSURANCE STATEMENT OF UNDERSTANDING	
PRE-SCREENING HOME VISIT		VEHICLE INSURANCE DOCUMENTATION	
PROVIDER APPLICATION (DA FORM 5919-R)		USDA CHILD CARE FOOD PROGRAM APPLICATION	
MEDICAL EVALUATION		RIMP INSURANCE PD RECEIPT	
BACKGROUND CLEARANCES:			
LOCAL RECORDS CHECK		SCHOOL COUNSELOR (DA FORM 5220-R)	
(1) PERSONAL REFERENCE (DA FORM 5220-R)		DRUG AND ALCOHOL	
(2) PERSONAL REFERENCE (DA FORM 5220-R)		HOUSING OFFICE	
(3) PERSONAL REFERENCE (DA FORM 5220-R)		CENTRAL REGISTRY	
PROVOST MARSHAL (DA FORM 5220-R)		CRIME RECORDS CENTER/DCII	
SPONSOR'S COMMANDER (DA FORM 5220-R)		OTHER	
MINIMUM STANDARD COMPLIANCE: HOME INSPECTION			
FIRE STANDARDS (DA FORM 4841 p. 28)			
SAFETY STANDARDS (DA FORM 4841 p. 29)			
ADMINISTRATIVE REQUIREMENTS:			
MONTHLY MENU (SAMPLE)			
ACCIDENT PLAN			
FIRE EVACUATION PLAN			
DEVELOPMENTAL ACTIVITY PLAN (SAMPLE) SCHEDULE			
EMERGENCY CARE BACK-UP PLAN			
DISCIPLINE/TOUCH POLICY			
STATEMENT OF UNDERSTANDING RE FCC REQUIREMENTS			
SPOUSE/ADULT FAMILY MEMBER APPROVAL AGREEMENT			
FCC PROVISIONAL CERTIFICATION TRAINING REQUIREMENTS (DA FORM 5763-R)			
COMMENTS:			

VALIDATION OF REQUIREMENTS COMPLETION

FCC PROVIDER'S SIGNATURE	HOME TYPE	DATE	
FCC DIRECTOR SIGNATURE	INSTALLATION	AUTOVON	DATE

*ALL OPERATIONAL REQUIREMENTS MUST BE COMPLETED PRIOR TO THE PROVISION OF CARE

FAMILY CHILD CARE (FCC) PROVISIONAL CERTIFICATION RECORD
OPERATIONAL REQUIREMENTS (CONT'D)

NAME	INSTALLATION	ADDRESS	
REGISTERED STATUS DATE	PROVISIONAL STATUS DATE	FINAL CERTIFICATION STATUS DATE	
MINIMUM STANDARD COMPLIANCE: HOME INSPECTIONS <i>(To be determined during the 5th and 6th months of provisional certification)</i>			DATE
DEVELOPMENTAL STANDARDS <i>(DA FORM 4841-R p. 24-25)</i> COMMENTS			
HEALTH STANDARDS <i>(DA FORM 4841-R p. 26)</i> COMMENTS			
FOOD/NUTRITION STANDARDS <i>(DA FORM 4841-R p. 27)</i> COMMENTS			
RECORD KEEPING AND REPORTING REQUIREMENTS <i>(AR 608-10)</i> COMMENTS			
MAINTENANCE OF FIRE AND SAFETY STANDARDS <i>(DA FORM 4841-R p. 28-29)</i> COMMENTS			
CERTIFICATION REQUIREMENTS:			
COMPLETION OF PROVISIONAL CERTIFICATION REQUIREMENTS <i>(DA FORM 5762-R p. 1)</i>			
COMPLETION OF PROVISIONAL CERTIFICATION TRAINING REQUIREMENTS <i>(DA FORM 5763-R)</i>			
COMPLETION OF CERTIFICATION TRAINING REQUIREMENTS <i>(DA FORM 5763-R)</i>			
COMPLETION OF CERTIFICATION REQUIREMENTS <i>(DA FORM 5762-R)</i>			
COMPLIANCE WITH FCC STANDARDS <i>(DA FORM 5762-R p. 4)</i>			
HOME VISITS <i>(DA FORM 5762-R p. 4)</i>			
SATISFACTORY PERFORMANCE OF SERVICES DURING PROVISIONAL OPERATIONAL PERIOD. <i>(DA FORM 5762-R p. 4)</i>			
SATISFACTORY ASSESSMENT WITH FCC CARAT <i>(DA FORM 5761)</i>			
COMMENTS:			

VALIDATION OF REQUIREMENTS COMPLETION

FCC PROVIDER'S SIGNATURE	HOME TYPE	DATE	
FCC DIRECTOR SIGNATURE	INSTALLATION	AUTOVON	DATE

**FAMILY CHILD CARE (FCC) PROVISIONAL CERTIFICATION RECORD
OPERATIONAL REQUIREMENTS (CONT'D)**

FAMILY CHILD CARE (FCC) CERTIFICATION RECORD PERFORMANCE INDICATORS

SPECIAL ENDORSEMENT:

DATE

SPECIAL ENDORSEMENT:

DATE

SPECIAL ENDORSEMENT:

DATE

COMMENTS:

DATE

PROVIDER'S SIGNATURE

ADDRESS

DATE

DIRECTOR/OW SIGNATURE

TITLE

AUTOVON

DATE

**FAMILY CHILD CARE (FCC) PROVISIONAL CERTIFICATION RECORD
OPERATIONAL REQUIREMENTS (CONT'D)**

FAMILY CHILD CARE (FCC) CERTIFICATION RECORD PERFORMANCE INDICATORS

NAME	ADDRESS	TELEPHONE NUMBER
HOME TYPE	INSTALLATION	STATUS

CHILD ABUSE RISK ASSESSMENT TOOL (*Summary*):

DATE

ENVIRONMENTAL RATING SCALE (*Summary*):

DATE

PARENTAL COMMENTS:

DATE

COMPLIANCE VIOLATIONS/CONCERNS:

DATE

GENERAL ASSESSMENT:

DATE

PROVIDER'S SIGNATURE	ADDRESS	DATE
DIRECTOR/OW SIGNATURE	TITLE	AUTOVON
		DATE

**FAMILY CHILD CARE (FCC) PROVISIONAL CERTIFICATION RECORD
OPERATIONAL REQUIREMENTS (CONT'D)**

FAMILY CHILD CARE (FCC) CERTIFICATION RECORD PERFORMANCE INDICATORS (CONT'D)

HOME VISIT

DATE

HOME VISIT

DATE

HOME VISIT

DATE

HOME VISIT

DATE

HOME VISIT

DATE

PROVIDER'S SIGNATURE

ADDRESS

DATE

DIRECTOR/OW SIGNATURE

TITLE

AUTOVON

DATE